EXTENDED TO MAY 17, 2021

Form <b>990-</b> [	ן נ	exempt Organization Bus			ax Retu	m	OWB NO 1343-0047	
• •	(and proxy tax under section 6033(e))  For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020  2019							
•	For cal	<del></del>	120	ZU 19				
Department of the Treasury Internal Revenue Service	•	▶ Go to www.irs.gov/Form990T for instructions and the latest information ~ ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)					Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed	Name of organization ( Check box if name changed and see instructions )					(Emp	D Employer identification number (Employees trust, see instructions)	
B Exempt under section	Print	ANIMAL WELFARE INSTITU	ΤE				13-5655952	
X 501(c <u>M3</u> )	or	or Number, street, and room or suite no. If a P.O. box, see instructions					lated business activity code instructions }	
408(e) 220(e) 408A 530(a)	Туре	900 PENNSYLVANIA AVE S City or town, state or province, country, and ZIP o		n nostal code		_	•	
529(a)		WASHINGTON, DC 20003						
C Book value of all assets at end of year	F Group exemption number (See instructions )							
		G Check organization type ► X 501(c) corp	oration	501(c) trust	40	1(a) trust	Other trust	
H Enter the number of the	H Enter the number of the organization's unrelated trades or businesses							
trade or business here		13 11			complete Parts			
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addi	tional trade	e or	
business, then complete			,			<del>`</del> _		
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	ıt-subsı	diary controlled group?	<b>&gt;</b>	•	es No	
		tifying number of the parent corporation						
J The books are in care of	<u> </u>	CATHY LISS			· -		337-2332	
Part   Unrelate	d Trac	te or Business Income		(A) Income	(B) Exper	ises	(C) Net	
1a Gross receipts or sale	es				<b>计模型的数</b>		14人数。25年	
b Less returns and allow	wances	c Balance	1c		475a. J.,	-, <del>3</del> 4441.3	24.123	
2 Cost of goods sold (Schedule A, line 7)			2				<b>新小规则</b> / 10 14	
3 Gross profit Subtract	3 Gross profit Subtract line 2 from line 1c							
4a Capital gain net incon	ne (attac	h Schedule D)	4a		PORT CANA			
b Net gain (loss) (Form	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				N. Taki ali			
c Capital loss deduction	O at these did started to the				可随至、位为			
, 5 Income (loss) from a partnership or an S corporation (attach statement)			5		1360	, F		
6 Rent income (Schedu	6 Rent income (Schedule C)			-				
7 Unrelated debt-finançed income (Schedule E)			7		/		<u> </u>	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8					
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9					
10 Exploited exemnt activity income (Schedule I)			10					
11 Advertising income (								
12 Other income (See in	2 Other income (See instructions, attach schedule)				123代第一位第一	的基础建筑	3	
13 Total. Combine lines 3 through 12				0.				
		ot Taken Elsewhere (See instructions for						
(Deductions	must b	pe directly connected with the unrelated busin	ess me			, v		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)		RECEIV	ED	14		
15 Salaries and wages						15		
16 Repairs and mainter	ance		R640	IAM OF S	021 03	16		
17 Bad debts -			[2	JAN 25 2		17		
18 Interest (attach sche	dule) (s	ee instructions)	1			18		
19 Taxes and licenses				OGDEŅ,	LIT	19	, i	
20 Depreciation (attach	Form 4	562)	Ļ	20	<u> </u>	新 <u>、</u>	4	
21 Less depreciation cl	aimed oi	n Schedule A and elsewhere on return		21a		21b	^	
22 Depletion		<i>.</i>				· 22		
23 Contributions to def	erred_có	mpensation plans			•	23		
24 Employee benefit pr						24		
25 Excess exempt expe	_	chedule I)				25		
26 Excess readership c					•	26		
							,	
	/						0.	
/			t line 28	8 from line 13		28	0.	
/								
(see instructions)	rg	and the second s	., .,	-		30	- 0.	
	taxable «	ncome Subtract line 30 from line 29		-		31	0.	
		awork Reduction Act Notice cae instructions			··· -·· ·		Form 990-T (2019)	

SCANNED INAY 2.7 2021

	O-T/2016) ANIMAL WELFARE INSTITUTE	13~5655952 Page 2						
	Total Unrelated Business Taxable Income							
-32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.						
33	Amounts paid for disallowed fringes	33						
34	Charitable contributions (see instructions for limitation rules)	34 0.						
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35						
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) $\bigcap_{i \in I} \{i\}$	36						
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37						
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.						
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,							
	enter the smaller of zero or line 37	39 0.						
Par	t IV Tax Computation							
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40 0.						
41	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:							
	Tax rate schedule or Schedule D (Form 1041)	4						
42	Proxy tax See instructions	42						
43	Alternative minimum tax (trusts only)	43						
44	Tax on Noncompliant Facility Income. See instructions	44						
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.						
Pa								
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a							
	Other credits (see instructions)	1						
ć	General business credit. Attach Form 3800	1						
d		†						
	Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits Add lines 46a through 46d	4Be						
47	Subtract line 46e from line 45	47 0.						
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ottach schoolule)	48						
49	Total tax Add lines 47 and 48 (see instructions)	49 0.						
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.						
	Payments A 2018 overpayment credited to 2019	34						
	2019 estimated tax payments	1						
	Tay deposited with Form 9959	1 1						
	Foreign organizations: Tax paid or withheld at source (see instructions)  516	1 1						
	Produce withholding (one instructions)	1						
	f Credit for small employer health insurance premiums (attach Form 894.1) g Other credits, adjustments, and payments: Form 2439							
9	Form 4136 Other Total							
52	Total payments. Add lines 51a through 51g	1,640.						
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53						
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54						
55	Overpayment, If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\$ 1,640.						
1 56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56 1,640.						
Par		1,040.						
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No						
41	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	169 100						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here	x						
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	$\frac{1}{x}$						
20		··· ·   <del>  A</del>						
59	If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year   \$\$\$\$\$\$\$\$\$\$\$\$\$\$							
- 53	Under penalties of perjury I declare that I have arounded this return including accompanying schedules and statements, and to the best of my knowless.	doe and belief it is true						
Sign	I consider the first of the state of the sta							
Here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lay the IRS discuss this rotum with						
	· · · · · · · · · · · · · · · · · · ·	e preparer shown below (see						
	Signature of officer Date Title	structions)?   V   Vos						
		structions)? X Yes No						
	Print/Type preparer's name Preparer's signature Date Check	of PTIN						
Paid	Print/Type prepares name Preparer's signature Date Check self- employed	is PTIN						
Pre	Print/Type prepares name Preparer's signature Date Check self- employed	PTIN P00101716						
Pre	Print/Type prepared name  Preparer's signature  Date  Check self- employed  Print/Type preparer's name  Preparer's signature  Date  Self- employed  Firm's name  MARKS PANETH LLP  Firm's EIN	PTIN P00101716						
Pre	Print/Type prepares name Preparer's signature Date Check self- employed Prim's name MARKS PANETH LLP Firm's EIN  A MANHATTANVILLE ROAD	PTIN P00101716 11-3518842						
Pre Use	Print/Type prepares name Preparer's signature Date Check self- employed Prim's name MARKS PANETH LLP Firm's EIN  A MANHATTANVILLE ROAD	PTIN P00101716						